

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014800

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 38

FILED APR 23 1963

## 1. PLACE OF DEATH

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Fairfax

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Community Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Atchison

c. CITY  
OR  
TOWN

Mo.

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

2 Mi. South of Fairfax

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FLOYD

CARL

PRICE

4. DATE  
OF  
DEATH

Month

Day

Year

April

11, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/4/1888

9. AGE (last birthday)

74

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Atchison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dillard Brice

13b. MOTHER'S MAIDEN NAME

Laura Belle Campbell

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

O.

17. INFORMANT

D.A. Price Fairfax Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

30 days

DUE TO (b)

Carcinoma Prostate

4 years

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Generalized Atherosclerosis, Arteriosclerotic Heart Disease

PART III. If deceased was female was  
there a pregnancy in last 90 days.Yes ☐ No ☐ Unknown ☐19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

YES ☐ NO ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year:

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/6/63

8:00

to 3/11/63

and last saw him alive on

3/11/63

Death occurred at

8:00

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title)

Edward S. Price MD

22b. ADDRESS

Tarkio, Mo

22c. DATE SIGNED

4/13/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4/13/1963

23c. NAME OF CEMETERY OR CREMATORIUM

Pleasant Ridge

23d. LOCATION (City, town, or county)

Fairfax Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schooler Funeral Home Fairfax Mo.

25. DATE RECD. BY LOCAL REG.

April 19, 1963

26. REGISTRAR'S SIGNATURE

Therese J. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 3 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marvin H. Schaefer*

Licensed Embalmer No.

*4162*

P. O. Address

*Fairfax, Virginia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.